

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90067 017 ***150.00

DOCUMENT # P95000005342

1. Entity Name
BOLTON ELECTRIC, INC.

Principal Place of Business

10693 W MARKER PATH
HOMOSASSA FL 34448
US

Mailing Address

P.O. BOX 2774
HOMOSASSA FL 34447

2. Principal Place of Business

5235 S. HARDWOOD TER.
Suite, Apt. #, etc.

3. Mailing Address

5235 S. HARDWOOD TER.
Suite, Apt. #, etc.

City & State

LECANTO FL.

City & State

LECANTO, FL.

4. FEI Number 59-3293216

Applied For
Not Applicable

Zip

34461

Country

U.S.A.

Zip

34461

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEONE, FREDERICK JR
7655 W GULF-TO-LAKE HWY
SUITE 5
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name JIM D. BOLTON SR.
Street Address (P.O. Box Number is Not Acceptable)
5235 S. HARDWOOD TER.
City LECANTO FL Zip Code 34461

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Jim D. Bolton Sr. JIM D. BOLTON SR. 4/10/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BOLTON, JIM D	
STREET ADDRESS	4375 S PURSLANE DR	
CITY-ST-ZIP	HOMOSASSA FL 34447	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ALWIN, TIMOTHY MARTIN	
STREET ADDRESS	10693 W. MARKER PATH	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ALWIN, TERESA	
STREET ADDRESS	10693 W MARKER PATH	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLTON JIM D. SR.	
STREET ADDRESS	5235 S. HARDWOOD TER.	
CITY-ST-ZIP	LECANTO, FL 34461	
TITLE	V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLTON JIM D SR	
STREET ADDRESS	5235 S. HARDWOOD TER	
CITY-ST-ZIP	LECANTO, FL 34461	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLTON JIM D SR.	
STREET ADDRESS	5235 S. HARDWOOD TER	
CITY-ST-ZIP	LECANTO, FL 34461	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jim D. Bolton Sr. JIM D. BOLTON SR. 352-622-3151 4/10/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)